MSSB-113 (12/17)

Fill in this in	formation to identify your case:		
Debtor 1	Fred Cameron		
	Full Name (First, Middle, Last)		
Debtor 2		Chook if the	nis is an amended
(Spouse, if filing	Full Name (First, Middle, Last)	plan, and	list below the
United States	Bankruptcy Court for the: Southern District of Mississippi	been cha	of the plan that have nged.
Case number	19-03543 KMS		
Chapte	er 13 Plan and Motions for Valuation and Lie	en Avoida	nce 12/17
Part 1:	Notices		
To Debtors:	This form sets out options that may be appropriate in some cases, but the presence does not indicate that the option is appropriate in your circumstances or that it is pe district. Plans that do not comply with local rules and judicial rulings may not be concluded and priority debts must be provided for in this plan.	rmissible in your ju	dicial
	In the following notice to creditors, you must check each box that applies.		
To Creditors:	Your rights may be affected by this plan. Your claim may be reduced, modified, or el	iminated.	
	You should read this plan carefully and discuss it with your attorney if you have one in this have an attorney, you may wish to consult one.	bankruptcy case. If y	ou do not
	If you oppose the plan's treatment of your claim or any provision of this plan, you or objection to confirmation on or before the objection deadline announced in Part 9 of Bankruptcy Case (Official Form 309I). The Bankruptcy Court may confirm this plan w objection to confirmation is filed. See Bankruptcy Rule 3015.	the Notice of Chap	ter 13
	The plan does not allow claims. Creditors must file a proof of claim to be paid under any pla	an that may be confir	med.
	The following matters may be of particular importance. Debtors must check one box one not the plan includes each of the following items. If an item is checked as "Not Incluchecked, the provision will be ineffective if set out later in the plan.		
	nit on the amount of a secured claim, set out in Section 3.2, which may result in a ial payment or no payment at all to the secured creditor	✓ Included	☐ Not included
	idance of a judicial lien or nonpossessory, nonpurchase-money security interest, set n Section 3.4	✓ Included	☐ Not included
1.3 Non	standard provisions, set out in Part 8	☐ Included	✓ Not included

Part 2:	Plan Payments and Length of Plan
2.1 Length	of Plan.
	eriod shall be for a period of 60 months, not to be less than 36 months or less than 60 months for above median income debtor(s). If 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors this plan.
2.2 Debtor	(s) will make regular payments to the trustee as follows:
Debtor shall the court, a	Il pay \$1124.56(monthly,semi-monthly,weekly, orbi-weekly) to the chapter 13 trustee. Unless otherwise ordered by n Order directing payment shall be issued to the debtor's employer at the following address:
	Superior Cleaning Solutions, LLC Payroll Dept 8386 Jonesboro Rd, Ste B Daphne, AL 36526
	or shall pay \$ (_monthly, _semi-monthly, _weekly, or _bi-weekly) to the chapter 13 trustee. Unless otherwise ordered t, an Order directing payment shall be issued to the joint debtor's employer at the following address:
	e tax returns/refunds.
_	all that apply.
Debt	or(s) will retain any exempt income tax refunds received during the plan term. or(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over e trustee all non-exempt income tax refunds received during the plan term.
	or(s) will treat income tax refunds as follows:
2.4 Additio	onal payments.
Check o	one.
✓ None	e. If "None" is checked, the rest of § 2.4 need not be completed or reproduced.
	or(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date ich anticipated payment.
Part 3:	Treatment of Secured Claims
_	ges. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.)
None	e. If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
	Principal Residence Mortgages: All long term secured debt which is to be maintained and cured under the plan pursuant to 11 U.S.C. § 1322(b)(5) shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed by the mortgage creditor, subject to the start date for the continuing monthly mortgage payment proposed herein.

	1st Mtg pmts to GMFS, LLC				
	Beginning November 2019	@\$ 717.49	Plan ☐ Direct.	Includes escrov	v ✓ Yes No
	1st Mtg arrears to GMFS, LLC		Through Oc	tober	\$ 10,649.91
.1(b)	Non-Principal Residence Mortgages: All long term secured of U.S.C. § 1322(b)(5) shall be scheduled below. Absent an object of claim filed by the mortgage creditor, subject to the start date for the start date of the start date o	tion by a party in inte	rest, the plan will be	amended consis	tent with the pro
	Property 1 address:				
	Mtg pmts to				
	Beginning @ \$		Plan Direct.	Includes escrov	v 🗌 Yes 📗 No
	Property 1: Mtg arrears to		Through		\$
.1(c)	☐ Mortgage claims to be paid in full over the plan term: Abser with the proof of claim filed by the mortgage creditor.	nt an objection by a p	arty in interest, the p	lan will be amend	ded consistent
	Creditor:		Approx. amt. due	:	Int. Rate*:
	Property Address:				
	Principal Balance to be paid with interest at the rate above:				
	(as stated in Part 2 of the Mortgage Proof of Claim Attachment)				
	Portion of claim to be paid without interest: \$				
	(Equal to Total Debt less Principal Balance)				
	Special claim for taxes/insurance: \$	/month, beginnin	g		
	(as stated in Part 4 of the Mortgage Proof of Claim Attachment)				
	*Unless otherwise ordered by the court, the interest rate shall be	e the current Till rate	in this District.		
	Insert additional claims as needed.				

3.2 Motion for valuation of security, pay	ment of fully secured clain	ns, and modification	of undersecured cla	ims. Check one.	
None. If "None" is checked, the rest	of § 3.2 need not be complete	ted or reproduced.			
The remainder of this paragraph	will be effective only if the a	applicable box in Par	rt 1 of this plan is ch	ecked.	
✓ Pursuant to Bankruptcy Rule 3012, distributed to holders of secured cla forth below or any value set forth in Part 9 of the Notice of Chapter 13 B The portion of any allowed claim the the amount of a creditor's secured cunsecured claim under Part 5 of this claim controls over any contrary am	ims, debtor(s) hereby move(s the proof of claim. Any object ankruptcy Case (Official Form at exceeds the amount of the claim is listed below as having splan. Unless otherwise orde	s) the court to value the ction to valuation shall in 3091). secured claim will be go no value, the credito ared by the court, the a	e collateral described be filed on or before t treated as an unsecur r's allowed claim will b	below at the lesser the objection deadli red claim under Par be treated in its entir	of any value set ne announced in t 5 of this plan. If rety as an
Name of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
One Main	\$12,630.05	2004 Dodge Durango and 1995 Ford Escort	\$7400.00	\$7400.00	6.75%
Insert additional claims as needed.					
#For mobile homes and real estate i	dentified in § 3.2: Special Cla	im for taxes/insurance	e:		
Name of credito	r	Collateral	Amount per month	Begi	nning
*Unless otherwise ordered by the co		the current <i>Till</i> rate in	this District.		
3.3 Secured claims excluded from 11 U Check one.	.S.C. § 506.				
✓ None. If "None" is checked, the rest	of & 3.3 need not be completed	ted or reproduced			
The claims listed below were either: (1) incurred within 910 days before personal use of the debtor(s),	e the petition date and secure		ey security interest in	a motor vehicle acc	quired for the
(2) incurred within 1 year of the pe	etition date and secured by a	purchase money secu	ırity interest in any oth	ner thing of value.	
These claims will be paid in full undestated on a proof of claim filed before absence of a contrary timely filed pr	e the filing deadline under Ba	ankruptcy Rule 3002(d	c) controls over any co		
Name of cr	editor	Colla	teral	Amount of clai	m Interest rate*
*Unless otherwise ordered by the co	urt, the interest rate shall be	the current <i>Till</i> rate in	this District.		

Mississippi Chapter 13 Plan

Insert additional claims as needed.

3.4 Motion to avoid lien pursua	nt to 11 U.S.C. § 522.				
Check one.					
None. If "None" is checked	, the rest of § 3.4 need not be o	completed or reproduc	ced.		
The remainder of this par	agraph will be effective only	if the applicable box	c in Part 1 of this p	lan is checked.	
debtor(s) would have been claim listed below will be a an objection on or before the hereby move(s) the court to the extent allowed. The am	sessory, nonpurchase money sentitled under 11 U.S.C. § 522 woided to the extent that it imparts of ind the amount of the judicial sount, if any, of the judicial lien of and Bankruptcy Rule 4003(d	t(b). Unless otherwise hirs such exemptions used in Part 9 of the Not lien or security intere or security interest tha	ordered by the cou upon entry of the ord ice of Chapter 13 Ba st that is avoided will at is not avoided will	rt, a judicial lien or so der confirming the pl ankruptcy Case (Offi Ill be treated as an u be paid in full as a s	ecurity interest securing a an unless the creditor files cial Form 309I). Debtor(s) nsecured claim in Part 5 to secured claim under the
Name of creditor	Property subject to lien	Lien amount to be avoided	Secured amount remaining	Type of lien	Lien identification (county, court, judgment date, date of lien recording, county, court, book and page number)
Tower Loan	Consumer household goods	\$1316.44	0	Loan Agreement	
The debtor(s) elect to surre	the rest of § 3.5 need not be or ender to each creditor listed below estay under 11 U.S.C. § 362(a) unsecured claim resulting from	ow the collateral that s) be terminated as to	secures the creditor the collateral only a	nd that the stay unde	er § 1301 be terminated in
	Name of creditor			Collateral	
Insert additional claims as a large of the second s	needed. Fees and Priority Claims				
4.1 General					
Trustee's fees and all allowed	I priority claims, including dome	estic support obligation	ns other than those	treated in § 4.5, will	be paid in full without

postpetition interest.

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case.

4.3 Attorney's fees			
✓ No look fee: \$ 3600.00			
Total attorney fee charged:	\$ 3600.00	·	
Attorney fee previously paid:	\$ 500		
Attorney fee to be paid in plan per confirmation order:	\$ 3100.00	·	
Hourly fee: \$	(Subject to appro	val of Fee Application.)	
4.4 Priority claims other than attorn Check one.	ney's fees and those treated in § 4.5		
✓ None. If "None" is checked, the	e rest of § 4.4 need not be completed o	or reproduced.	
☐ Internal Revenue Service \$	\$		
☐ Mississippi Dept. of Revenue \$	§		
Ψ	·		
4.5 Domestic support obligations.			
✓ None. If "None" is checked, the	rest of § 4.5 need not be completed o	r reproduced.	
DUE TO:			
	through payroll deduction, or through	per month beginning	
To be paiddirect,	through payroll deduction, or through	gn the plan.	
PRE-PETITION ARREAR.	AGE: In the total amount of \$	through	which shall be paid
	unless stated otherwise:		
To be paid ☐ direct, ☐	through payroll deduction, or through	gh the plan.	
Insert additional claims as need	iled.		
Dord G			
Part 5: Treatment of No.	npriority Unsecured Claims		
5.1 Nonpriority unsecured claims in Allowed nonpriority unsecured cla the largest payment will be effecti	aims that are not separately classified v	will be paid, pro rata. If more than one op	tion is checked, the option providing
✓ The sum of \$ 0.00			
	·		
_	ount of these claims, an estimated pay		
☐ The funds remaining after disbu	ursements have been made to all other	r creditors provided for in this plan.	
	, , , , , , , , , , , , , , , , , , , ,	rity unsecured claims would be paid appr	· ——·
Dagardiaga of the antions about	kad ahaya naymante an allawad nanr	vriarity uncocurad claims will be made in a	at loast this amount

✓ None. If "None" is checked, the rest of The nonpriority unsecured allowed claim			e treated as follows	
Name of creditor	Basis for se classification and		proximate amount owed	Proposed treatment
1 The executory contracts and unexpire		med and will be t	treated as specified. A	l other executory contracts
and unexpired leases are rejected. Ch	eck one.		·	•
✓ None. If "None" is checked, the rest of Assumed items. Current installment p any contrary court order or rule. Arrea trustee rather than by the debtor(s).	payments will be disbursed eithe	r by the trustee or	• • • • • • • • • • • • • • • • • • • •	
Name of creditor	Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage
	_	\$	\$	
		Disbursed by: Trustee		
		Debtor(s)		
Insert additional claims as needed.				
Vesting of Property of	the Estate			
1 Property of the estate will vest in the c	debtor(s) upon entry of discha	rge.		
art 8: Nonstandard Plan Prov	risions			
1 Check "None" or List Nonstandard Pla	an Provisions			
None. If "None" is checked, the rest of nder Bankruptcy Rule 3015(c), nonstandard ficial Form or deviating from it. Nonstanda	d provisions must be set forth be	Iow. A nonstandai		n not otherwise included in the
he following plan provisions will be effec	ctive only if there is a check in	the box "Include	d" in § 1.3.	

Part 9:

Signature(s):

9.1 Signatures of Debtor(s) and Debtor(s)' Attorney

The Debtor(s) and attorney for the Debtor(s), if any, must sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide their complete address and telephone number.

Signature of D	on		X	
Oignature of B	ebtor 1			Signature of Debtor 2
Executed on	10/21/2019			Executed on
	MM / DD /	YYYY		MM / DD /YYYY
402 11th				
Address Li	ne 1			Address Line 1
Address Li	ne 2			Address Line 2
McComb.	MS 39648			
	and Zip Code			City, State, and Zip Code
Telephone	Number		_	Telephone Number
/a/Lawisa Haw	-11		Data	40/04/0040
/s/Louise Harre Signature of A	ell ttorney for Del	btor(s)	Date	10/21/2019 MM / DD / YYYY
Signature of A	ttorney for Del	btor(s)	Date	
Signature of A	ttorney for Del	btor(s)	Date	
Signature of A	ttorney for Del	btor(s)	Date	
Signature of A	ttorney for Del : 2977 ne 1	btor(s)	Date	
P. O. Box Address Li Address Li Jackson,	ttorney for Del : 2977 ne 1 ne 2 MS 39207	btor(s)	Date	
P. O. Box Address Li Address Li Jackson,	ttorney for Del	btor(s)	Date	
P. O. Box Address Li Address Li Jackson,	ttorney for Del 2977 ne 1 ne 2 MS 39207 and Zip Code	btor(s) 8466	Date	
P. O. Box Address Li Address Li Jackson, City, State,	ttorney for Del 2977 ne 1 ne 2 MS 39207 and Zip Code		Date	
P. O. Box Address Li Address Li Jackson, City, State, 601 353-0 Telephone	ttorney for Del 2977 ne 1 ne 2 MS 39207 and Zip Code	8466 MS Bar Number	Date	